

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053864

1. Corporation Name

VINCENTI AND LAMPART CO.

Principal Place of Business

444 BRICKELL AVE
SUITE 514
MIAMI FL 33131
US

Mailing Address

444 BRICKELL AVE
SUITE 514
MIAMI FL 33131
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1997

5. FEI Number

65-0776871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DEUBEL BEISS, DANIEL	C/O 444 BRICKELL AVE SUITE #514	MIAMI FL 33130
VPTD	STOLZKI, HEINZ	2000 TEQUEST POINT	MIAMI FL
S	KUHN, BEATE	C/O 444 BRICKELL AVENUE SUITE 51	MIAMI FL 33130

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-11/02/99--01044--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTELLO, LOUIS R
777 BRICKELL AVE.
SUITE 1070
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DANIEL DEUBELBEISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99

Date

(305) 393 3600

Daytime Phone #

KE

 &LAMPART

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October 15, 1999

Florida Department of State
Katherine Harris
Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Katherine Harris,

Our company never received the annual report form for Vincenti & Lampart.
Please be so kind as to waive the fees following reinstatement.

Thank you,


Ignacio Arcaya
Chief Executive Officer